

IMPORTANT NOTE

SUBMISSION OF OPTION FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT

- ❖ As per PSF Pension SoP's, pensioners are advised to submit their **Option Form** to avail pension is **ONLY** "**Habib Bank Limited**".
- ❖ **Other banks option will not be accepted.**
- ❖ Feel free to call 051-9215066 for further guidance.

- ❖ Following documents are mandatory for Direct Credit of pension through bank account:-
 - Option Form (*in original*)
 - Indemnity Bond on Judicial Paper (*in original or attested copy*)
 - Life Certificate (*Self and family pensioners*)
 - Non-Marriage Certificate (*only for family pensioners*)
 - Attested copy of Pension Payment Order (PPO)
 - Attested copies of CNIC (*Self and Next of kin*)
 - **Further, for continuity of pension, pensioner will have to submit a "Life / Non- Marriage Certificate" to the PSF Pension Section on the first of every March and September.**

PAKISTAN SCIENCE FOUNDATION
(Budget & Pension Section)
ISLAMABAD

OPTION FORM FOR DIRECT CREDIT OF PENSION THROUGH BANK ACCOUNT

Pensioner Information (To be filled in by the Pensioner)

Pension Payment Order (PPO) No.	
Name of Organization (<i>Tick only one</i>)	<input type="checkbox"/> PSF / <input type="checkbox"/> PMNH / <input type="checkbox"/> PASTIC
NAME OF PENSIONER	
Father / Husband Name	
Pensioner old NIC No.	
Pensioner CNIC (NADRA)	
NAME OF FAMILY PENSIONER	
Spouse/Son/Daughter/Father/Mother (select one)	
Family Pensioner CNIC (NADRA)	
Residential Address (Current)	
Residential Address (Permanent)	
Designation & Grade at the time of Retirement	
Email Address	
CONTACT NUMBER (COMPULSORY)	
I hereby opt to draw pension through direct credit system and have also submitted *Indemnity Bond to the bank.	
*The Pensioner shall produce an Indemnity Bond on judicial paper of Rs.20 irrespective of Monthly Pension Drawn to keep the bank indemnified about liabilities with all sums of money whatsoever including mark-up of his/her Pension Account. The pensioner would further undertake that his/her legal heirs, successor, executors shall be liable to refund excess amount, if any, credited to his/her Pension Account either in full or in installments (as agreed mutually) equal to such excess amount.	
Pensioner's Signature & Thumb Impression Dated: _____	

ACCOUNT VERIFICATION (TO BE FILLED/VERIFIED BY THE BANK)

CUTTING/OVERWRITING/FLUID/JOINT ACCOUNT NOT ACCEPTABLE

BELOW MENTIONED PORTION MAY PLEASE BE FILLED COMPLETELY BY BANK)

Account Title (Full Name)	
Account No.	
Branch Name	
Branch Address	
Branch Code	
Indemnity Bond/Lien submitted by the Pensioner (<input type="checkbox"/> Yes/ <input type="checkbox"/> No)	

Signature/Stamp of Bank Manager

INDEMNITY BOND

To

The Manager,

_____ (Name of Bank)

_____ (Branch)

_____ (City)

In compliance with the SBP's instructions for payment of pension through your Bank branch I agree to indemnify you and keep you indemnified about liabilities with all sums of money whatsoever including mark-up of my Pension Account. I further undertake that my legal heirs, successors, executors shall be liable to refund excess amount, if any, credited to my Pension Account either in full or in installments equal to such excess amount.

Co-Indemnifier/Nominee/Successor/

Next of Kin: _____

CNIC: _____

Address: _____

Signature: _____

Signature _____

Name of Pensioner _____

Date of Retirement: _____

PPO No: _____

Bank Account No: _____

CNIC: _____

Witness-1

Signature: _____

Name: _____

CNIC: _____

Date: _____

Witness-2

Signature: _____

Name: _____

CNIC: _____

Date: _____

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LIFE CERTIFICATE

(This certificate is to be furnished on or before 10th of every March and September to the PSF Pension Section duly countersigned of concerned bank branch through representative or by post/courier service)

TO WHOM IT MAY CONCERN

This is to certify that Dr./Mr./Mst./_____

S/o/W/o/D/o_____ holder of PPO No. _____

Designation & BPS _____(□PSF/□PMNH/□PASTIC)

his/her CNIC No. _____and his/her bank account No.

_____Bank Name: _____, Bank Branch _____

_____, whose specimen Signature / Thumb Impression and

address are appended below is alive on the date _____.

Pensioner's Specimen Signature/Thumb Impression	Signature of Authorized Officer with official stamped/seal.
Address:- _____ _____ _____	Address:- _____ _____ _____
Phone No. _____	Phone No. _____

Note:- The above certificate is to be signed by Gazetted Government Officer/Military Commissioned Officer/Magistrate/Sub-Registrar /Pensioned Officer/Chairman Union Councils/Member of the Federal or Provincial Assemblies/Manager of Banks

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NON-MARRIAGE CERTIFICATE

(This certificate is to be furnished on or before 10th of every March and September to the PSF Pension Section duly countersigned of concerned bank branch through representative or by post/courier service)

TO WHOM IT MAY CONCERN

This is to certify that Dr./Mst./Miss. _____

Wd/o/D/o _____ holder of PPO No. _____

Designation & BPS: _____ (PSF/PMNH/PASTIC)

her CNIC No. _____ and her bank account No. _____

Bank Name: _____, Bank Branch _____,

whose specimen Signature/ Thumb Impression and address are appended below has not re-married after the death of her husband/has not married today _____.

Pensioner's Specimen Signature/Thumb Impression	Signature of Authorized Officer with official stamped/seal.
Address:- _____ _____ _____	Address:- _____ _____ _____
Phone No. _____	Phone No. _____

Note:- The above certificate is to be signed by Gazetted Government Officer/Military Commissioned Officer/Magistrate/Sub-Registrar /Pensioned Officer/Chairman Union Councils/Member of the Federal or Provincial Assemblies/Manager of Banks